

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 101615592 FILING DATE

3/15/67 CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51	/				
2						52	/				
3						53	/				
4						54	/				
5						55	/				
6						56	/				
7						57	/				
8						58	/				
9						59	/				
10						60	/				
11						61	/				
12						62	/				
13						63					
14						64					
15						65					
16						66					
17						67					
18						68					
19						69					
20						70					
21						71					
22						72					
23						73					
24						74					
25						75					
26						76					
27						77					
28						78					
29						79					
30						80					
31						81					
32						82					
33						83					
34						84					
35						85					
36						86					
37						87					
38						88					
39						89					
40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.						TOTAL IND.	4				
TOTAL DEP.						TOTAL DEP.	28				
TOTAL CLAIMS						TOTAL CLAIMS	32				

32